

FILED FEB 24 1947 91

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 27 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Febeck

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 1, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business _____

MOTHER FATHER { 12. Name John Febeck.
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hoffman.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeanne.
(b) Address 3225 No. Florissant Ave.

17. (a) Burial. (b) Date thereof 1-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd. St. Louis, Mo.

19. (a) DECEASED (b) Jan 2 1942
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1,
year 1942 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from October 5, 19 41, to January 1, 19 42
that I last saw him alive on January 1, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arterio sclerosis. Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John E. McSwick (M. D. or other) _____
Address 1515 Lafayette Ave. Date 1/2/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Wendel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.